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Mark D. Passler

(Depositor's name)

[Signature]

(Signature)

6-23-06

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695,598	10/28/2003	Michel Letendre	789-65	6333

TITLE OF INVENTION: ATTACHMENT ASSEMBLY FOR CONVENTIONAL BENCH SAW

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/21/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ALIE, GHASSEM	3724	083-473000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page 106/1886 TBESHAH2 00000019 500951 10695598

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 01 FC:2501

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **6-23-06**

Typed or printed name **Mark D. Passler**

Registration No **40,764**

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T-569 P.01/02 F-827

PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/695,598	
	Filing Date	10/28/2003	
	First Named Inventor	LETENDRE	
	Art Unit	3724	
	Examiner Name	ALIE, GHASSEM	
Total Number of Pages in This Submission	2	Attorney Docket Number	789-85

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark D. Passler, Registration No. 40,764 Akerman Senterfitt
Signature	
Date	6-23-06

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Typed or printed name	Mark D. Passler
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